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| REQUEST FOR QUOTATION (THIS IS NOT AN ORDER) | | THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE | | | PAGE OF PAGES 1 16 | |
| 1. REQUEST NO. RFQ 98-012 | 2. DATE ISSUED 04/10/98 | 3. REQUISITION/PURCHASE REQUEST NO. TBD | 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 ► AND/OR DMS REG. 1 | | RATING | |
| 5a. ISSUED BY National Science Foundation | | | 6. DELIVER BY (Date) 05/06/98 | | | |
| 5b. FOR INFORMATION CALL (NO COLLECT CALLS) | | | 7. DELIVERY (See Schedule) <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER | | | |
| NAME Jeff S. Leithead Contracting Officer | | TELEPHONE NUMBER AREA CODE 703 | | NUMBER 306-1242 | | |
| 8. TO: | | | 9. DESTINATION | | | |
| a. NAME | | b. COMPANY | | a. NAME OF CONSIGNEE NSF | | |
| c. STREET ADDRESS | | | b. STREET ADDRESS 4201 Wilson Blvd. | | | |
| d. CITY | | | c. CITY Arlington | | | |
| e. STATE | | f. ZIP CODE | | d. STATE VA | | e. ZIP CODE 22230 |
| 10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A OR BEFORE CLOSE OF BUSINESS (Date) | | IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter. | | | | |
| 11. SCHEDULE (Include applicable Federal, State and local taxes) | | | | | | |
| ITEM NO. (a) | SUPPLIES/SERVICES (b) | | QUANTITY (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) |
| | Completion of the work described in this document. | | | | | |
| 12. DISCOUNT FOR PROMPT PAYMENT ► | | a. 10 CALENDAR DAYS(%) | b. 20 CALENDAR DAYS(%) | c. 30 CALENDAR DAYS(%) | d. CALENDAR DAYS NUMBER PERCENTAGE | |
| NOTE: Additional provisions and representations <input checked="" type="checkbox"/> are <input type="checkbox"/> are not attached. | | | | | | |
| 13. NAME AND ADDRESS OF QUOTER | | | 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION | | 15. DATE OF QUOTATION / / | |
| a. NAME OF QUOTER | | | | | | |
| b. STREET ADDRESS | | | 16. SIGNER | | | |
| | | | a. NAME (Type or print) | | b. TELEPHONE | |
| c. COUNTY | | | | | AREA CODE | |
| d. CITY | | | c. TITLE (Type or print) | | NUMBER | |